PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								10691328					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			216					RATE	FEE	_			
FOR			NUMBER FILED NI		NII 1841		1 ⊢		+		RATE	FEE	
-		ADI 5 OI AIRAO	NOWIBER FILED			MBER EXTRA		SIC FE	E 385.0	OF	BASIC FEI	770.00	
╟		ABLE CLAIMS		ninus 20=	*	26		X\$ 9=	234	/ OF	X\$18=	462	
L	IDEPENDENT (/			2		X43=	516	OF	X86=	1032	
L	OLTIPLE DEPE	NDENT CLAIM I	RESENT					145=		OF		1	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	OTAL	1135	7	TOTAL	7270	
	C	(Column 1)					SMALL ENTITY			OTHER THAN SMALL ENTITY			
		CLAIMS	1	HIGHE		(Column 3)) <u> </u>			OR	SWIALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	,	
	Independent	* NTATION OF M	Minus	***	CL A11.4	=	×	43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							15		1			
								45=		OR	+290=		
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
	<u> </u>	(Column 1)		(Column		(Column 3)			•			•.	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	13=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM					UH			
							<u> </u>	45=		OR	+290=		
							ו ADDI1	OTAL FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										- ,			
5 L		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	T R SLY	PRESENT EXTRA	RA		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=			X\$18=	1.55	
	Independent	*	Minus	***		=				OR			
<u>`</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X4:	3=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
***!	the "Highest Num the "Highest Num	nber Previously Pain nber Previously Pain nber Previously Paid	d For" IN THIS d For" IN THIS	S SPACE is les S SPACE is les	ss than a	20, enter "20."	ADDIT.			OR A	TOTAL DDIT. FEE		
•	3		· · · (rotal of	muepengent)	is the h	ignest number t	round in t	ne appro	priate box	in colu	mn 1		